

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 8-20-17	Offender: (Please Print) Kent Stubbs	ID#: M51378
Present Facility: Lawrence C.C.		Facility where grievance issue occurred: Lawrence C.C.

**NATURE OF GRIEVANCE:**

☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA Disability Accommodation  
☐ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☐ HIPAA  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator    ☐ Other (specify) \_\_\_\_\_

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: 09-17-90 Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): on Friday, August 18, 2017, I was seen by two Physical Therapist, one of whom acted in a very careless and unprofessional way, which caused me to hurt myself and leave my therapy session in very severe pain. - When I arrived, I was seen by my regular therapist and a younger therapist who I believe was there to assist her or to examine me. The younger therapist asked me how my back was feeling on a scale from "1 to 10"? I was still in pain from my last therapy session. I told her my <sup>pain</sup> was a "Ten". She gave me a doubtful look and questioned my response as if she did- (see back)

Relief Requested: I am asking that I be sent to see a back specialist because my back pain has been on going and I don't feel like the care I'm getting is at all adequate.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: Kent Stubbs ID#: M51378 Date: 8/20/17

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>	
Date Received: 8/22/17	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Per healthcare: "Per chart review offender has been seen by physical therapy dept since 7-5-17, per P.T. not had a decline in strength was OK from PT on 8-18-17 has been seen by MD on 8-24-17 med order for back pain"	
Print Counselor's Name: <u>Bialle</u>	Counselor's Signature: <u>Bialle C.C.</u> Date of Response: <u>9/5/17</u>

<b>EMERGENCY REVIEW</b>	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: _____

not believe me, and I explained that I was in pain from the Physical Therapy I had several days earlier, in which my regular therapist had attached leg weights to my ankles and had me do leg lifts, which caused me to experience severe pain and throbbing in the middle upper and lower part of my back. I also explained that it doesn't help that I'm sleeping on a steel bed with a really thin mattress, which only further adds to the pain. The assistant therapist seemed irritated by my explanation of the pain I was feeling and she cut me off from talking and told me there's nothing she can do about my problems. She spoke in a very sarcastic and condescending way. And I responded by saying, she had asked 'me' about my back, so I was just trying to explain and give her an idea of what I'm feeling. She seemed even more ~~more~~ irritated by my response and ordered me to climb from my wheel chair on to the exercise mat. She asked if I had been trying to stand and I said, "yes, I have been trying to stand, but I can't put a lot of pressure or weight on my lower back without experiencing severe pain." She then asked me to hold on to the back of my wheel chair and try to stand. And I stood by placing most of my weight on my arms as the two therapists held the front of the wheel chair steady. The young therapist asked me to try to apply weight to my left foot and as I was trying, she seemed to let go of the front of the wheel chair purposely forcing me to apply weight to my legs and pressure on my back, causing me to fall onto the exercise mat in extreme pain. I layed there in pain, holding my back, as the assistant ordered me to try to do a sit up and leg lift, I told her I couldn't because I was in too much pain. She became irritated and gave ~~me~~ my 'I.D.' and told me I could leave. She said she was recommending the doctor cancel my therapy because she felt my condition was not getting better with the current treatment. Her actions and behaviour was very cruel and uncaring. And it was her actions that caused me to be in such pain. The regular therapist never acted in such a way, but she stood there and watched and allowed the miss treatment to happen and she did not say anything. This type of abusive treatment should not be allowed, and it does not help my situation at all!!

(See Attached documents To Medical Director/and Doctor.)

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Medical (HCU) "Doctor"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Chronic Pain  
 for the purpose of (explain): I've been experiencing strong chronic back pain for the past five months, and a week ago I greatly aggravated my back pain during one of my physical therapy sessions.  
I out still 8/19/17 (see back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Medical (HCU) "Cunningham"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Chronic Pain  
 for the purpose of (explain): I've been experiencing strong chronic back pain for the past five months, and a week ago I greatly aggravated my back pain during one of my physical therapy sessions.  
Kent Stubbs 8/19/17 (see back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

during my last Therapy Session on Friday, August 18, 2017, I aggravated my back even more, when The Therapist (Not my Regular Therapist) But the young ~~new~~ Therapist who was ~~was~~ working with her, tried forcing me to stand and put pressure on my Lower Back. Now my back is in extreme serious pain. I'm not currently receiving or taking any type of medication for pain. - The pain is in my Lower and upper center back. There is also a stabbing pain in the mid - Lower Left Side of my back. I am asking that I please be provided some type of medication to help with the pain. And I would like to be sent for an (MRI) and to see a Back Specialist, or someone who knows about nerve damage, because the pain I'm having is really unbearable.


Thank you —————

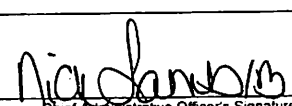
I am now in extreme pain, and during my last Therapy Session on Friday, August 18, 2017, I aggravated my back even more, when The Therapist (Not my Regular Therapist) But the young ~~new~~ therapist who was working with her, tried forcing me to stand and put pressure on my Lower Back. Now my back is in extreme serious pain. I'm not currently receiving or taking any type of medication for pain. - The pain is in my lower and upper center back. There is also a stabbing pain in the mid lower left side of my back. I am asking that I please be provided some type of medication to help with the pain. And I would like to be sent for an (M.R.I) and to see a Back Specialist. The current pain is really unbearable.


—Thank you—



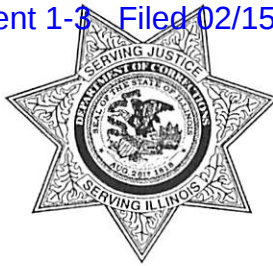
ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 9-19-17	Date of Review: 11-29-17	Grievance # (optional) 09-17-90
Offender: STUBBS, KENT		ID#: M51378
Nature of Grievance: MEDICAL TREATMENT		
<p><b>Facts Reviewed:</b></p> <p>Inmate Stubbs M51378 claims in a grievance dated 8/20/17 that on Friday, August 18, 2017 he was seen by two Physical Therapists and one of them acted in a very careless &amp; unprofessional manner causing him to hurt himself and leave Healthcare in very severe pain.</p> <p>Relief requested: "I am asking that I be sent to see a back specialist because my back pain has been going and I don't feel like The care I'm getting is At all adiquate."</p> <p>Per 8-30-17 response from DON McFarland: Per chart review offender has been seen by physical therapy department since 7-5-17, per P.T. no progression in decreasing pain and has had a decline in strength. He was discontinued from PT on 8-18-17; he has been seen by M.D. on 8-29-17 with medication order for back pain.</p>		
<p><b>Recommendation:</b></p> <p>Based upon a total review of all available information, this Grievance Officer recommends that the grievance be denied. Inmate Stubbs M51378 is being treated by licensed physician. Inmate Stubbs M51378 is encouraged to follow the Nurse Sick Procedure when he has Medical concerns.</p>		
JEFFREY STRUBHART CC II		
Print Grievance Officer's Name		Grievance Officer's Signature
(Attach a copy of Offender's Grievance, including counselor's response, if applicable)		

Chief Administrative Officer's Response		
Date Received: 12/4/17	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
<input type="checkbox"/> Remand		
Comments:		
		
Chief Administrative Officer's Signature		Date: 12.4.17

Offender's Appeal to the Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
	M51378	12.21.17
Offender's Signature	ID#	Date

Bruce Rauner  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Stubbs, Kent

1/8/18

ID#: M51378

Date

Facility: Lawrence CC

This is in response to your grievance received on 12/27/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 8/20/17 Grievance Number: 9-17-90 Griev Loc: Lawrence CC

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Medical: physical therapist 8/18/17 treatment for back pain

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☐ Other: \_\_\_\_\_

FOR THE BOARD:

*Sarah Johnson*  
Sarah Johnson  
Administrative Review Board

CONCURRED:

*John R. Baldwin*  
John R. Baldwin  
Acting Director  
1/10/18

CC: Warden, Lawrence Correctional Center  
K. Stubbs, ID# M51378

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender:

Stubbs

Last Name

Kent

First Name

MI

ID#

MS1378

Facility:

Lawrence

☒ Grievance; Facility Grievance # (if applicable)

Dated:

11/8/17, 11/16/17

or ☐ Correspondence; Dated:

Received:

Date

12/14/17

Regarding:

Counselor Ulrich, response to

The attached grievance or correspondence is being returned for the following reasons:

grievances dated  
8/25, 8/20

## Additional information required:

- ☒ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☒ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

grievance office  
for the status.

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Sarah Johnson

Print Name

S Johnson

Signature

12/18/17

Date



1 of 3 Grievances mailed on:

12/6/17

**RECEIVED**

To: ARB Board

DEC 14 2017

EX: 14

ADMINISTRATIVE  
REVIEW BOARD

The Counselor Mrs. Ulrick has intentionally and purposely taken steps to interfere with the grievance process in multiple grievances that I've filed.

on 8-25-17, I filed a grievance against the medical Administrator, Mrs. Cunningham, regarding denial of medical treatment. (See Doc #3). on or about 10/20/17, I began to enquire into the status of my grievance, and sent a request to the counselor. I also submitted two request slips further addressing my medical needs ~~that~~ outline in my grievance. (See Doc's #4, 5), one to the warden, and one to medical supervisor, Mrs. Cunningham. on or about 10/26/17, Mrs. Ulrick, (The counselor), called me to her office and said she had been on the phone with someone from Healthcare and had gotten me approved for an ~~ADA~~ 'ADA' attendant and 'ADA' gym, and therefore had resolved my grievance issues concerning my ADA needs, and she tried returning my grievance to me saying I no longer needed to pursue my grievance against the medical Administrator, Mrs. Cunningham, ~~that~~ that I submitted (2) months earlier on 8/25/17. (See Doc #3) I then states to Mrs. Ulrick that I still wanted to exhaust my grievance. Mrs. Ulrick asked ~~me~~ why, and I said because I have a right to exhaust the grievance process and I would like to exercise my right, and would like for her (The counselor) to



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DEC 14 2017

EX: 14

ADMINISTRATIVE  
REVIEW BOARD

respon provide a response To my grievence so I can continue The grievence process. Mrs. Ulrick seem To get upset at my response, and as I left her office, I heard her ripping papers. I did not look back To see what she ripped, so I do not know if she ripped up my grievences (because she had several that she tried To return to me, but I told her I wanted responses in writing.) After my visit to Mrs Ulrick's office, I have since had problems recieving my grievences back from Mrs. Ulrick, and The Grievence officer.

on one occassion I was told my grievence that I filed on 8-20-17, against Physical Therapy, <sup>\*</sup> (see: 2 of 3 grievence mailed on 12/6/17, <sup>Doc #2</sup> Doc #4), when I asked for The status of my grievence, Mrs Ulrick claims she could find no record of my grievence being filed. (see Also Doc #2) of 2 of 3 grievence)

After making multiple request to recieve status updates as to The status of my missing grievences, and recieving no response, I began to attach copies of my non-responsive grievences to Emergency grievences that I attempted to send to The warden to make him aware that I was not recieving responses To my grievences (see Doc #1). It is my belief that Mrs. Ulrick Took steps to withhold my emergency grievences because they were not returned (And I still have not recieved my original Emergency grievences dated, 11-8-17, 11-16-17,) as a result, I then Submitted The

P. 2 of 3

NOTE:

Supporting  
Documents  
Found in  
Separate  
Grievence  
# 2 of 3  
mailed on  
12/6/17



attached documents to the counselor on 11/20/17, asking for the status of my Emergency grievances dated, 11/8/17, 11/16/17, and after the counselor failed to reply, I submitted a request to the Head Counselor Mr. Downing on or about 11/28/17, (see Doc #6).

The day after I submitted my grievance request to the Head Counselor, Downing, addressing the two missing Emergency grievances, I received the "Copy" of my Emergency grievances back from the Counselor, signed and dated in "Red" Ink (see grievance # E1017 RCvd 11/22/17 and grievance # E1013 RCvd 11/22/17). And my original documents have never been returned to me at all. —

I therefore ask that these documents be accepted and reviewed by the 'ARB' Board and responded to as requested and be deemed exhausted due to the facts of the events and the actions of the counselor to hinder and delay the grievance process of the original grievance filed on 8/25/17 (Doc #3), and I ask that my relief also be granted.

Thank you.

Signed: Scott Stull

Dated: 12/6/17



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: To Counselor 'Ulrick' status of  
I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Emergency Griev.  
for the purpose of (explain): Attached is a copy of an Emergency grievance I  
Submitted to the warden on ~~10/17~~ 11/8/17 and have not  
received a response (Em. griev. usually responded to within →  
(see Back)  
Kent Stubbs 11/20/17  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

Print Staff Name

Staff Signature

Date

RECEIVED

Print Supervisor Name

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

3-7 days) I would like to know if this grievance was in fact submitted to The warden for review as required, or is this grievance among the grievances you have chosen to send to Counselor Downing for review?

Please Respond in writing, Thank you—

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>11-8-17</u>	Offender: <u>Kent Stubbs</u> (Please Print)	ID#: <u>M51378</u>
Present Facility: <u>Lawrence C.C.</u>	Facility where grievance issue occurred: <u>Lawrence C.C.</u>	
<b>NATURE OF GRIEVANCE:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Personal Property</div> <div style="width: 33%;"><input type="checkbox"/> Mail Handling</div> <div style="width: 33%;"><input type="checkbox"/> Restoration of Good Time</div> <div style="width: 33%;"><input type="checkbox"/> ADA Disability Accommodation</div> <div style="width: 33%;"><input type="checkbox"/> Staff Conduct</div> <div style="width: 33%;"><input type="checkbox"/> Dietary</div> <div style="width: 33%;"><input type="checkbox"/> Medical Treatment</div> <div style="width: 33%;"><input type="checkbox"/> HIPAA</div> <div style="width: 33%;"><input type="checkbox"/> Transfer Denial by Facility</div> <div style="width: 33%;"><input type="checkbox"/> Transfer Denial by Transfer Coordinator</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Disciplinary Report: _____</div> <div>Date of Report: _____</div> <div>Facility where issued: _____</div> </div>		
<p><b>Note:</b> Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p><b>Complete:</b> Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:          Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.          Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.          Chief Administrative Officer, only if <b>EMERGENCY</b> grievance.          Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p><b>Summary of Grievance</b> (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>Attached is a Duplicate copy of the original grievance sent to the counselor on 8/25/17, signed and returned and forwarded to the grievance officer on or about 9/3/17, over 2-months ago, and I have not yet received any response from the grievance officer, therefore hindering my ability to further exhaust the grievance process in this matter. I attempted to receive an update as to the current status of my grievance and received a reply from the counselor (Mrs. Ulrick) stating the issue was being addressed in another grievance. However, the</u></p>		
<p><b>Relief Requested:</b> <u>That I be sent to see a back specialist regarding the severe injury and nerve damage to my back.</u></p>		
<p><input checked="" type="checkbox"/> Check only if this is an <b>EMERGENCY</b> grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Kent Stubbs</u> Offender's Signature		<u>M51378</u> ID# <u>11, 8, 17</u> Date

(Continue on reverse side if necessary)

<b>Counselor's Response (If applicable)</b>		
Date Received: ____/____/____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW

RECEIVED



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

attached grievance also address issues that have not yet been resolved and therefore need to be addressed by Mrs Cunningham, The Healthcare Administrator. And if no further steps are taken to respond to the attached grievance, I ask that the grievance be considered exhausted since I would be unable to proceed any further in the grievance process. Thank you.

Page 1  
Printed on Recycled Paper

Distribution: Master File: Offender

Chief Administrative Officer's Signature

ADMINISTRATIVE  
REVIEW BOARD  
res; expedite emergency grievance  
No; an emergency grievance  
Offender should submit this grievance  
in the normal manner.

Date

11/17/17

DOC 0046 (8/2012)

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

EX: 14

*my copy*

Date: 8-25-17	Offender: (Please Print) Kent Stubbs	ID#: M51378
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.	

**NATURE OF GRIEVANCE:**

☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA Disability Accommodation  
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☐ Disciplinary Report: \_\_\_\_\_  

Date of Report
Facility where issued

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 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I have written multiple request and letters to the Healthcare Supervisor "Mrs. Cunningham", in regards to my need to be provided pain relief medication to help with my severe back pain, as well as my need for an 'ADA Attendant' to assist me to and from chow, and on my call passes. I also have problems cleaning my cell on my own. I made the medical supervisor aware of my needs through multiple request slips and letters, I was provided with pain medication for a few weeks after falling off the top of a bunk bed while at Lawrence Correction Center on April 10, 2017, and after my prescription expired it was never renewed, and I

Relief Requested: I need some type of pain relief medication to help with my back pain, and need to be sent to see a specialist, and be assigned an ADA Attendant to help push me on my call passes.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs    M51378    8/25/17  
 Offender's Signature    ID#    Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: 1/1	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
_____		
_____		
_____		
Print Counselor's Name	Counselor's Signature	Date of Response

<b>EMERGENCY REVIEW</b>		
Date Received: 11/1/2017	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>M. L. R.</u> Chief Administrative Officer's Signature		11/27/17 Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

have been left to suffer needlessly in pain ever since. I was provided a pain prescription by Dr. Shah, and a short time later, he was replaced by a new Doctor, (Dr. Ahmed). My prescription expired and was never renewed, despite the fact that my pain was still extremely severe. I had not been examined or seen by the new Doctor or any other medical staff. No physical exam or determination had ever been made. My pain medication had simply not been renewed without any type of explanation. At which time I wrote several request slips and letters to the Healthcare Supervisor "Mrs. Cunningham", expressing my need for help in relieving my severe back pain. I explained how the pain I was experiencing was unbearable, caused problems with me sleeping and just functioning on a daily bases. I've had several emergencies in the middle of the night where I tried to receive medical attention, and I was denied any medical care. On June 6, 2017, I was in severe pain after trying to lift a box in my cell. I asked for emergency medical attention, and the officer on duty called medical and said he was told by one of the nurses that I could come over to medical, but I won't receive any type of medication to treat my pain, and I will be charged a (\$5.00) Co-Pay. It appeared to me by the staff's response that they were not interested in providing me with any medical help. And this type of denial by staff has since continued. I wrote a request slip to 'Mrs Cunningham' to complain about the way I have been denied meaningful treatment, and how I suffer with pain on a daily bases and I am not being prescribed any type of medication to help relieve my daily suffering. I've also requested that I be sent to see a Neurologist or Nerve Specialist, or someone who specializes in back injuries. - I have made every attempt to reach out to the medical Supervisor for help. And I have received zero responses or any attempts by 'Mrs. Cunningham' to show any human compassion for the serious nature of my medical condition. I've been confined to a wheelchair and unable to function normally like I use to. It has caused me to become hopeless and depressed. I have made multiple written request over the past few months to 'Mrs Cunningham' and all of my request slips and letters have been ignored. They have refused to offer any response. It is my belief this is an intentional and deliberate attempt by 'Mrs Cunningham' and the medical care providers to delay and deny much needed treatment, by trying to avoid any real medical diagnosis on my back injury. For the past ~~few~~ (See next page)



five months my back pain has not improved, and often seems to be getting worse. I was provided 'physical Therapy' for a couple months, and my condition did not improve at all. Although I would sometimes leave with a feeling of momentary relief from the back treatment I received. But the relief was only short and ~~temporary~~ temporary, and sometimes the pain was made worse by the physical therapy, and the agonizing pain would last for days or even longer, making it impossible to function normally. I do not want to be stuck in a wheel chair for the rest of my life. But it's my belief that my back will not be improved without some type of real treatment or back surgery. And I would like the institution to send me to a specialist, and provide me some type of medication to help with the daily pain until ~~to~~ my back has gotten better. I do not have any confidence in Dr. Ahmed to treat my back injury, and I'm asking 'Mrs Cunningham' as the medical supervisor to please look into this matter more seriously, and provide me the help and treatment that I need.

**RECEIVED**

DEC 14 2017

ADMINISTRATIVE  
REVIEW BOARD

Doc # 4  
EX: 14

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Shivers ID #: 1151378 Living Unit: 7C-41  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Warden "Lamb"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) need ADA Pusher  
for the purpose of (explain): for months I have been asking medical to make  
them aware of my need for ADA assistance. I have never been  
assigned a pusher to help me to and from class or (see back)

Kent Shivers 10/20/17  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): You are Remarks by supervisor (if necessary):  
scheduled 10/27/17 for an assessment  
of your ADA needs

[Signature] 10/26/17  
Print Staff Name Date  
Staff Signature  
[Signature] 10/26/17  
Print Supervisor Name Date  
Supervisor Signature

Distribution: Affected Unit

DOC 0286 (Rev. 4/2010)

on call passes. For months I have been asking different inmates  
around me for help. But sometimes I don't have anyone to  
push me and I have to push myself, and end up  
causing more pain and injury to my back. Most times  
the pain is too much and I can't push myself. Recently,  
for the past week, I have not been able to get any of  
the inmates to push me, so I had to push myself to  
Lunch and Dinner and on call pass. on (10/17/17), I had  
to skip dinner because I had no one to push me to  
chow and my back was Aching really bad. I had pushed  
myself to Lunch, but later that afternoon my back  
was Aching and throbbing and I could not get anyone  
to push me so I could not go to chow because it  
would be too much on my back. - So once again  
I am asking that I please be assigned An ADA-  
Attendant to Assist me (Thank you) ———

EX-14

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: ms1378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Medical Supervisor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need ADA pusher  
 for the purpose of (explain): For months, I have been writing medical to make them aware of my need for ADA Assistance. I have never been assigned a pusher to help me to and from chow or on call passes. For months  
(see back)

Kent Stubbs 10/20/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Remarks by supervisor (if necessary) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

my copy

Case 3:18-cv-00408-RJD Document 1-3 Filed 02/15/18 Page 21 of 64 Page ID #150

I have been asking different inmates around me for help. But . . . Sometimes I don't have anyone to push me and I have to push myself, and end up causing more pain and injury to my back. Most times the pain is too much and I can't push myself. Recently for the past week, I have not been able to get anyone to push me so I had to push myself. On (10/17/17) I had to skip dinner because my back was in extreme pain and aching really bad, and I did not have anyone to push me to chow and back. Most inmates don't wanna push me unless I pay them or give them something. I had pushed myself to lunch, but later that afternoon my back was aching and throbbing and I knew I would not be able to push myself so I could not go to chow. I asked the Lt. if he would bring me a tray, and he said he would see, but I did not get a tray, so I did not eat. — So once again I am pleading and asking that I be assigned an ADA attendant to help push me to chow so that I don't have to cause any more pain and injury to my back. (Thank you) \_\_\_\_\_

Doc # 6

EX:14

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: 1M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Downing (Head Counselor) Emergency  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Grievances  
 for the purpose of (explain): I Submitted multiple grievances to Mrs. Ulrich, including (two) Emergency grievances that were placed in the grievance Box, around about (11-8-17 and 11-16-17) in which I  
Kent Stubbs 11/28/17 (See Back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Print Staff Name Print Supervisor Name  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Staff Signature Date Supervisor Signature Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)



Case 3:18-cv-00408-RJD Document 1-3 Filed 02/15/18 Page 23 of 64 Page ID #152

have not received any response to these Emergency grievances.  
On or about 11/15/17, I was informed by Mrs. Ulrick that she would  
not be addressing some of my grievances and instead she has forwarded  
the grievances to you for review. I have sent Mrs. Ulrick a  
request to see if these Emergency grievances are ~~apart~~ of  
the grievances that were sent to you, but I never received  
a response from Mrs. Ulrick into my inquiry. It is  
further my understanding that Emergency grievances  
are suppose to be sent directly to the ward (or) chief  
Administrative officer, and therefore should not have  
been delayed or hindered from response. Yet, I have  
not received any response in nearly 3-weeks from  
one of the grievances I submitted (Emergency Grievance)  
which usually only take seven days to receive a response.  
I have also not been contacted by you regard if  
the grievances that "Mrs. Ulrick" sent you. Please let  
me know if there is anything you need from me (Thank  
you)

EX-15A

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>10/18/17</u>	Offender: <u>Kent Stubbs</u> (Please Print)	ID#: <u>M51378</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Since I injured my back in a fall from the top bunk, in 3-house several months ago, I've submitted multiple Emergency -  
grievances to the warden regarding the serious and blatant neglect  
by medical staff as well as prison officers for failing to respond  
properly to several of my emergency medical request. I even  
submitted a letter to the warden explaining how I've been denied  
treatment for pain, and have not been assigned an 'ADA-Attend-  
ant' to help me, even though I have a severe back injury and  
experience extreme pain when I'm forced to push myself.  
I have also expressed my lack of confidence in the current (see Back)

Relief Requested: See Relief on the bottom of back, (Page - 2).

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs M51378 10/18/17  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input checked="" type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
<div style="border: 2px solid blue; padding: 5px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  OCT 23 2017  <b>ADMINISTRATIVE REVIEW BOARD</b> </div>		
Print Counselor's Name: _____	Counselor's Signature: _____	Date of Response: _____

<b>EMERGENCY REVIEW</b>		
Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____		Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

doctor and medical Staff, and have asked to be sent to see a Specialist who knows about nerve damage and back injuries. I expressed my need for help, and asked the warden to please respond to my request in writing. But I never received any reply at all from the warden. Even after my grievances and letters to the warden, my needs have not been properly met or even addressed. The warden, through his non-action or failure to act, has shown deliberate neglect, and indifference towards the suffering and abuse I have been subjected to by prison staff. Every Emergency grievance I submitted involving my serious medical needs have been deemed a non-emergency, in which the warden has expressed no interest or concern for my health and safety, and by his non-action has allowed this medical mis-treatment to go ~~unaddressed~~ unaddressed, the warden has failed to offer any type of help to try and resolve any of my concerns. And through my many grievances it is clear the institution does not have an adequate grievance system in place that's committed to help resolve any inmate issues, but instead has a grievance system that ignores inmate's needs completely and offers no solutions.

- Since my injury after falling from the top bunk, I am not able to stand up or walk because of an overwhelming extreme pain it causes in my lower back. And I am not able to function the way I use to. I have problems performing basic daily functions because of my pain that has gone untreated. For months the doctor (Dr. Ahmed), and the medical Supervisor/Director (Mrs. Cunningham) both refused to provide me with medication to help relieve or treat my pain. At times the pain seems to increase and is unbearable, making it hard to even get out of bed, and my butt is sore all the time from sitting, and medical staff has refused to give me a seat cushion to help relieve the pain and discomfort on my bottom.

\* - Relief Requested: That I be sent to an outside specialist to examine my back and create a plan of care that will help me to properly recover and provide surgery if needed, I would also like to be provided the same care as other 'ADA' inmates and be assigned an 'ADA Attendant' to help me to and from chow and call passes until my condition has greatly improved. I would also like to be transferred to another prison with a more qualified doctor and medical director/coordinator.



TO: Warden Lamb

Housing: 7C-L1

FROM: Kent Stubbs #MS1378

RECEIVED

OCT 23 2017

ADMINISTRATIVE  
REVIEW BOARD

NEED: I Submitted an Emergency Grievance on 6/4/17, that outlined some very serious problems that pose a risk to my immediate health and well being, and you have deemed them to be non-emergencies. So by your standard I would like to know in writing what constitutes an emergency?

I would also like to know how my grievance submitted 6/4/17, was not an emergency, when I fell off the top of one of the prison bunk beds, severely injuring my back, now I'm in a wheelchair, in extreme pain, and a doctor who I have only spoken with once for 5-minutes, who has 'NEVER' examined me, decides I don't need any pain medication at all, and then tells me to get up and learn to live with the pain. - I don't know where this doctor came from, he just popped up one day and now he's ordering me to get up and live with my pain. He has no idea how hard I've been working and how I've been struggling to get out this chair. —

HIS Actions have done nothing but caused a set-back in the progress I was making. None of the staff here has assisted me or worked with me to try and get up. I've been doing that on my own. - I have not even been provided an (ADA) Attendant to push me, and with my back injury, you would think that would have been the first thing the doctor did, it feels like I'm being singled out for unfair treatment. THIS IS SERIOUS! I HAVE BACK PAIN! I should have a Pusher! Everytime I have to push myself a long distance, I RISK further injuring my back. And the doctor canceling my pain meds have done nothing but cause me to suffer for no good reason, and I don't have the freedom of going and getting a second doctor's opinion or going to another hospital for better treatment - THIS IS CRUEL! - And IT IS AN EMERGENCY !!

Signed: Kent Stubbs #m51378

Dated: 6/12/1



ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceR7CLOI  
MS1378

Stubbs

Kent

Offender:

Last Name

First Name

MI

ID#

Facility:

Lawrence

☐ Grievance: Facility Grievance # (if applicable)

Dated: 10/18/17

or ☐ Correspondence: Dated:

Received: 10/23/17

Date

Regarding:

Warden "non action" in answering

The attached grievance or correspondence is being returned for the following reasons:

grievances on medical  
tx for back  
pain

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 7/26/17; 10/30/17 (Both grievances returned to offender)
- ☐ No justification provided for additional consideration.

Other (specify):

No dates of incidents, Fails to comply w/ DR 504.

Completed by: Sarah Johnson

Print Name

S Johnson

Signature

10/30/17

Date

Distribution: Offender  
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.5/2017)



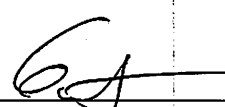
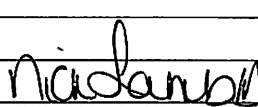

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

to: 10/23/17	Offender: (Please Print) Kewt Stubbbs	ID#: M51378
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.	
NATURE OF GRIEVANCE: E. 945 REV'D 10-24-17		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Disciplinary Report: _____ Date of Report: 11-17-17 Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): On 10/17/17 I missed dinner because my back was hurting and I was not able to push myself to the chow hall. For the past 6-months that I've been in a wheel chair, I've written dozens of request (To HCUA-Cunningham, Doctor Ahmed, Assistant warden Brookhart, and warden Lamb) asking to be assigned an 'ADA-pusher', because whenever I have to push myself I risk further injury to my back because I am currently suffering chronic back pain. whenever I push myself a far distance, or I'm being really active, my back pain increases 100 percent. I do not have a pusher assigned to me, so (see back)		
Relief Requested: That I be assigned a pusher immediately to help relieve the pain on my back caused when I have to push myself.		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Kewt Stubbbs Offender's Signature		M51378 10, 23, 17 ID# Date
(Continue on reverse side if necessary)		

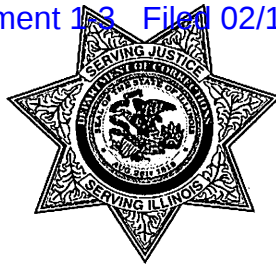
<b>Counselor's Response (if applicable)</b>	
Date Received: 10.27.17	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Offender has been seen by MD, permit for ADA pushers given. Placement will assign ADA for offender.	
K. Ulrich CCT Print Counselor's Name	K. Ulrich Counselor's Signature
	10.27.17 Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: 10/25/17	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	10/25/17 Date

I have been asking different inmates who I don't really know, if they would push me to and from chow. And when I go on call passes, I end up asking strangers that I see walking if they would push me over to medical or the Law Library. Some inmates don't mind pushing me once or twice, but most of the inmates don't wanna push me for free. Sometimes I have had to give food off my Lunch or Dinner tray to pay inmates to push me, or promise to buy an inmate something from commissary. And when I can't afford to keep paying, no one wants to push me. For the past week I've not had anyone pushing me, so I've been pushing myself, on 10/17/17, during Lunch, I pushed myself over to chow hall and back. But in the evening time for dinner my back was in pain and made it impossible to push myself over to the chow hall and back, so I asked the Lieutenant on duty if he could please bring me a dinner tray because my back was hurting and I couldn't push myself over to the chow hall. The Lieutenant asked me where was my pusher, and I told him I did not have one. He then said he would ask my unit officer (Officer Burgess) to bring me back a tray. But when the unit returned from chow, Officer Burgess did not bring me a tray. He said the Lieutenant did not tell him to bring me a tray, and He asked me how come I did not go to chow, and I explained that I couldn't push myself to chow because my back was aching. Burgess asked me what happen to my pusher, in which I explained that I never had a pusher, even though I've made many request. Inmates on my wing have been pushing me, but they want me to pay them. No one wants to push me for free, so they have stopped. It is also not fair to me that I should have to keep asking different inmates, or have to pay food or commissary to get someone to push me. The prison institution has an 'ADA-program' that's suppose to help by assigning an 'ADA' to push or assist me while I'm in a wheelchair. Everytime I push myself I risk further serious injury, and cause tremendous pain to my back. And with my degree of back pain and injury, there is no reason why I should not have an 'ADA-pusher' assigned to me.

Grievance Officer's Report		
Date Received: <b>11/06/2017</b>	Date of Review: <b>11/20/2017</b>	Grievance # (optional): <b>11-17-43</b>
Offender: <b>STUBBS, KENT</b>		ID#: <b>M51378</b>
Nature of Grievance: <b>ADA Disability</b>		
<p style="text-align: center;"><b>Facts Reviewed:</b></p> <p>Offender STUBBS M51378 claims that he is in a wheelchair and is in need of an ADA Wheelchair Attendant.</p> <p><i>Relief Requested; That I be assigned a pusher immediately to help relieve the pain on my back caused when i have to push myself."</i></p> <p>A review of the 10/23/17 grievance show that the grievant claims he relies on a wheelchair to relieve back pain and multiple requests have been sent to the LCC HCU in regards to an ADA Wheelchair Attendant. Grievant claims that having to wheel himself back and forth to Dietary causes his back pain to increase.</p> <p>Additionally, CCII Ulrich states, "Offender has been seen by MD, permit for ADA pusher given. Placement will assign for offender."</p>		
<p><b>Recommendation:</b></p> <p>Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>MOOT</b>. At the time of this review, the grievant had already been assigned an ADA Attendant.</p>		
<p style="text-align: center;"><b>J. Garrett ccii</b></p> <p style="text-align: center;"><small>Print Grievance Officer's Name</small></p>		<p style="text-align: center;"></p> <p style="text-align: center;"><small>Grievance Officer's Signature</small></p>
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		
<p style="text-align: center;"><b>Chief Administrative Officer's Response</b></p>		
Date Received: <b>11/22/17</b>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Comments: _____		
<p style="text-align: center;"></p> <p style="text-align: center;"><small>Chief Administrative Officer's Signature</small></p>		<p style="text-align: center;"><b>11/22/17</b></p> <p style="text-align: center;"><small>Date</small></p>
<p style="text-align: center;"><b>Offender's Appeal to the Director</b></p>		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
<p style="text-align: center;"></p> <p style="text-align: center;"><small>Offender's Signature</small></p>	<p style="text-align: center;"><b>M51378</b></p> <p style="text-align: center;"><small>ID#</small></p>	<p style="text-align: center;"><b>12/14/17</b></p> <p style="text-align: center;"><small>Date</small></p>

Bruce Rauner  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

1301 Concordia Court. P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Stubbs, Kent

1/8/18

Date

ID#: M51378

Facility: Lawrence CC

This is in response to your grievance received on 12/18/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/23/17 Grievance Number: 11-17-43 Griev Loc: Lawrence CC

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Medical/ADA: grieves he missed chow on 10/17/17 due to back pain and need for an ADA pusher

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☒ Other: Moot, per staff a permit for an ADA pusher has been provided.

FOR THE BOARD:

*Sarah Johnson*

Sarah Johnson  
Administrative Review Board

CONCURRED:

*John R. Baldwin*  
John R. Baldwin  
Acting Director  
1/19/18

CC: Warden, Lawrence Correctional Center  
K. Stubbs, ID# M51378

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

EX-16A

# Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Medical Supervisor (Mrs Cunningham)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): I was placed on a naproxen for chronic pain a few weeks ago, but the naproxen is not helping. I have made similar complaints in the past that were ignored, and I

Kent Stubbs

Offender's Signature

9/22/17

Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_

Remarks by supervisor (if necessary) : \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

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am making the attempt to once again address the issue.

I don't know much about medication, but I was given Naproxen once before and it did not help, and it does not seem to be helping now. I would like to be put on a different type of pain medication, or be sent to see a neurologist ~~who~~ understands severe back pain. Thank you —

my copy

### Offender Request

Offender Name: Kent StubbS ID #: M51378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCUA) - Cunningham / Dr. Ahmed

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
for the purpose of (explain): I woke up for Breakfast and could barely climb  
out of bed because my back was in extreme pain. After  
Breakfast I layed back down and several hours later I → (see back)  
Kent StubbS 10/2/17  
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)



~~XXXXXX XXXXXXXX~~  
woke up still in extreme pain, as I climbed out of bed. I am sitting in my wheel chair and my back is now aching and throbbing with pain. This type of pain has been on going for months. Some days the pain seems worse then others, but the pain is constant and daily. I am currently taking 'naproxen' But it has not alleviating any of the pain. \_\_\_\_\_

ILLINOIS DEPARTMENT OF CORRECTIONS

**Offender Request**

Offender Name: Levit Stille ID #: MS1378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) - medical (Serious)  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): for the past month I've been feeling this  
constant strong pain and pressure on the mid-center area  
of my back. It feels like someone got their knee in  
Levit Stille 10/15/17 (See Back)  
 Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

DOC 0286 (Rev. 4/2010)

my back and at times I feels hard to breathe.

Last night The pain seem to worsen and it kept me up and I could not sleep. Breathing seem to make my back hurt and it feels like it just keeps getting worse. The pain and feeling of pressure is constant throughout the day. I really need to see somebody because the pain is becoming more and more unbearable.

ILLINOIS DEPARTMENT OF CORRECTIONS

**Offender Request**

Offender Name: Kent Stubbles ID #: 1151373 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Health Medical Services Unit

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need ADA portion  
 for the purpose of (explain): for months it have been waiting medical to make them aware of my need for ADA assistance. I have never been assigned a pusher to help me to and from chow or on can passes (see back)  
Just since 10/20/17  
 Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Staff Name  
 Staff Signature  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Print Supervisor Name  
 Supervisor Signature  
 \_\_\_\_\_  
 Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)



For months, I have been asking different inmates around me for help. But sometimes I don't have anyone to push me and I have to push myself, and end up causing more pain and injury to my back. Most times the pain is too much and I can't push myself. Recently for the past week, I have not been able to get anyone to push me so I had to push myself. On (10/17/17), I had to skip dinner because my back was in extreme pain and aching really bad, and I did not have anyone to push me to chow and back. Most inmates don't wanna push me unless I pay them or give them something. I had pushed myself to lunch, but later that afternoon my back was aching and throbbing and I knew I would not be able to push myself so I could not go to chow. I asked the lieutenant, if he would bring me a tray, and he said he would see, but I did not get a tray, so I did not eat. - once again I am pleading and asking that I be assigned an ADA Pusher to help me to and from chow so I don't have to cause any more pain and injury to my back. (Thank you)

ILLINOIS DEPARTMENT OF CORRECTIONS

**Offender Request**

Offender Name: Kerrt Stalus ID #: M51373 Living Unit: 11  
 Job Assignment: 11 Shift: 11

Please refer to the directory located in your orientation manual and address proper personnel.

To: "Lamb"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) need ADA pusher  
 for the purpose of (explain): for months I have been writing medical to make them aware of my need for ADA assistance. I have never been assigned a pusher to help me to and from chow or (see back) →

David St. Germain 10/20/17  
 Offender's Signature Date

**DO NOT WRITE BELOW THIS LINE**

Remarks by staff (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Remarks by supervisor (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Staff Name  
 \_\_\_\_\_  
 Staff Signature  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Print Supervisor Name  
 \_\_\_\_\_  
 Supervisor Signature  
 \_\_\_\_\_  
 Date

Distribution: Affected Unit

on call classes. For months I've been asking different inmates around me for help. But sometimes I don't have anyone to push me and I have to push myself, and end up causing more pain and injury to my back. Most times the pain is too much and I can't push myself. Recently, for the past week, I have not been able to get any of the inmates to push me, so I had to push myself to lunch and dinner and on call pass. On (10/17/17), I had to skip dinner because I had no one to push me to chow and my back was aching really bad. I had pushed myself to lunch, but later that afternoon my back was aching and throbbing and I could not get anyone to push me, so I could not go to chow because it would be too much on my back. So once again, I am asking that I please be assigned an ADA-attendant to assist me. (Thank you) \_\_\_\_\_



# Offender Request

Offender Name: Kent Stables ID #: W41373 Living Unit: 7C-61  
 Job Assignment: W/L Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Counselor Ulrick Need  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) ADA-Pusher  
 for the purpose of (explain): Dr. Ahmed Renewed my wheel-chair  
and gave me a permit for ADA-pusher - BUT I  
have not been Assigned A pusher yet. Can  
Kent Stables 10/30/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): Placement  
has been notified.  
K. Ulrick 10/31/17  
 Print Staff Name Date  
 Staff Signature  
 Remarks by supervisor (if necessary):  
 Print Supervisor Name  
 Supervisor Signature Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

You Please Check Into This for me.

Thank you \_\_\_\_\_

I sent a request To Mrs weaver in  
placement on 10/24/17, and I have not yet  
gotten a response, \_\_\_\_\_

# Offender Request

Offender Name: Kent STUBBS ID #: MS1378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU (Medical) Dr. Ahmed

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): Dr. Ahmed told me I need to get up and try to stand and exercise, so I've been trying, and the more pain I am feeling in my lower back  
Dr. Ahmed 11/6/17 (see Back)  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name Print Supervisor Name

Staff Signature Date Supervisor Signature Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)



and now I'm having a hard time getting out of bed into my wheel chair. The stabbing pain in my right mid-lower back has been aggravated and the throbbing pain in the center lower part of my back has increased, and I'm starting to get muscle spasms in my legs.

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: 1751378 Living Unit: 7C-41  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Medical

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain  
 for the purpose of (explain): I've been barely able to get out the bed in the mornings. My back is in extreme pain. I can barely sleep at night. This has been (see back)

Kent Stubbs 11/18/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : \_\_\_\_\_ Remarks by supervisor (if necessary) : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Print Staff Name Print Supervisor Name  
 \_\_\_\_\_  
 Staff Signature Date Supervisor Signature Date

on going Issue. During The Night, The Pain Seems To worsen in The upper part of my back and makes it hard for me to move or sleep. I wake up in serious agonizing pain.



Dr.  
James R. Thompson Center  
100 W. Randolph, ST. Suite 4-200  
Chicago, IL. 60601 (EX:17A)

Date: 11/12/17

Dear, Dr. Shicker,

I am writing in regards to my current medical conditions and concerns here at Lawrence C.C. I have written countless request slips, letters, and grievences to (HCUA) Cunningham and Dr. Ahmed, regarding my need to see a specialist who's familiar with back injuries and nerve damage. Six months ago I fell backwards several feet off the top bunk and injured my lower back. I have since been in a wheel chair. I cannot stand straight or apply my entire body weight to my legs when I stand. For six months I have been experiencing severe sharp shooting pains in the mid-lower left side of my back, and throbbing pain in the center lower part of my back. I have tried exercising and made repeated attempts to stand in spite of the pain, and the pain and throbbing has only been getting aggravated by each attempt. I have complained on numerous occasions to medical staff and spend many nights laying in my cell in pain. For months I requested pain medication and was denied and recieved nothing for my pain, and was also denied emergency care and ADA assistance. Despite the fact that I was suffering chronic back pain, I was still forced to push myself to and from chow and on call passes, causing myself further pain and injury. Now after several months of asking I've been provided ADA assistance and I've been



2

provided a pain medication, and muscle rub. But the current pain medication and muscle rub does nothing to alleviate the pain, and I have written over and over dozens of request and even more grievances complaining about lack of adequate care and poor treatment I've received, and my continued suffering of ~~can~~ chronic pain. I have received little or no response to my medical request. I've been ignored by the doctor (Ahmed), and by (HCUA) Cunningham. I've been told through the grievance process to continue reporting my illnesses and needs to medical, but the medical administration does not seem to be listening and I continue to suffer with pain. The injury to my back has not gotten better at all. It is my belief that I've suffered a nerve injury and require care from someone with experience in treating back injuries. The current care I'm receiving is not appropriate. I would like to see a specialist and receive outside treatment because the medical staff here at Lawrence does not seem to have the experience needed, and have ignored my every request. Any help you can give me in receiving the treatment and care I need would be greatly appreciated.

Signed: Just StubbDated: 11/12/17



1 of 2

Waxford Health  
501 Holiday Drive  
Foster Plaza Four  
Pittsburgh, PA. 15220

(EX: 17B)

Date: 11/12/17

Dear Mr Eugene,

I am writing in regards to my current medical conditions here at Lawrence CC.

I have written multiple request slips, letters, and grievences To (HCUA) Cunningham and Dr. Ahmed, regarding my need to see a specialist who's familiar with back injuries and nerve damage. Six-months ago I fell backwards several feet off the top bunk bed injuring my lower back. I since been in a wheel chair. I cannot stand straight or apply my entire body weight to my legs when I stand. For six-months I have been experiencing severe sharp shooting pains in the mid-lower left side of my back, and throbbing pain in the center lower part of my back. I have tried exercising and made repeated attempts to stand in spite of the pain, and the pain and throbbing has only been aggravated by each attempt. I have complained on numerous occasions to medical staff and spend many nights laying in my cell in pain. For months I requested pain medication and did not receive anything at all for my pain, and I was denied emergency care, and denied ADA assistance. Despite the fact I was suffering chronic back pain, I was forced to push myself to and from chow and on call passes, causing myself further pain. Now after several months of complaining, I have finally received an ADA Attendent, and I've been placed on



2 of 2

a pain medication that does not work. I've also been given muscle rub, which does nothing to alleviate the pain. I have written dozens of requests and even more grievances complaining about the poor level of care and medication, and my continued suffering of chronic pain. I was informed through the grievance process to continue reporting my illnesses and needs to medical, but all of my efforts seem useless, and no one seems to be listening. The injury to my back has not gotten better at all. It is my strong belief that I have suffered some kind of nerve damage, and require the care of a nerve specialist or someone with experience in treating back injuries, because the care and treatment being provided by the Lawrence medical staff has been far from appropriate or helpful. Every request for approval to see a specialist or to seek outside treatment have been completely ignored.

Any help you can give me in receiving treatment and care I need would be greatly appreciated.

Signed: Ant Stals

Dated: 11/12/17





*October 24, 2017*

Mr. Kent Stubbs #M51378  
Lawrence Correctional Center  
10930 Lawrence Road  
Sumner, IL 62466

Subject: Your Recent Letter

Dear Mr. Stubbs:

We are in receipt of your recent letter dated October 1, 2017.

Please remember to follow the established sick call process and grievance procedure at the facility to have your medical concerns addressed.

Please be assured that the medical staff at Lawrence Correctional Center is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

**Wexford Health Sources, Inc.**  
**Risk Management Department**

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCEEx: 17C  
R7-CL-01

Date: <u>1/20/18</u>	Offender: <u>Hent STUBBS</u> (Please Print)	ID#: <u>MS1378</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input checked="" type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):** For nearly nine-months that I've been in a wheel chair, I have repeatedly been discriminated against, and denied the same rights, benefits, and privileges as other inmates in a wheel chair with ADA-needs. I have been constantly denied ADA-care and ADA-Assistance for several months. I wrote request slips and grievances to the Doctor, Administrator Mrs. Cunningham, IDOC Medical Director, and The warden Nicholas Lamb, complaining about me being constantly denied the right to receive ADA-Assistance, and to attend ADA-gym, for the purpose of

**Relief Requested:** That I receive reliable medication for pain and joint discomfort, proper ADA-assistance and access, and air cushion for my butt, And a more thorough back exam for nerve damage

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Hent Stubbs      MS1378      1/20/18  
 Offender's Signature      ID#      Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>1/22/18</u>	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Per HCFA Cunningham, Tm Stubbs has a medical permit for ADA gym dated 10/25/17 thru 4/25/18. Tm Stubbs continues to be seen and treated by licensed Illinois physician within community standards of care and medical records show all prescribed medication is being administered as ordered by physician. ADA Att, and for</u> <u>R Ulrich CC II</u> <u>[Signature]</u> <u>1/29/18</u> Print Counselor's Name      Counselor's Signature      Date of Response	

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature      Date	

trying to help rehabilitate myself after falling and severely injuring my back on 4/10/17. - on 10/25/17, after countless request slips and grievances, I was finally provided a permit for ADA-pusher to help me, and to attend ADA-gym. And since I received my permit, I have repeatedly been without a ADA-pusher, and been denied the right to attend ADA-gym as was authorized by the medical permit provided by Dr. Ahmed. And despite many attempts to show the many officer's working on my wing my medical permit, they have repeatedly told me that I'm not on the officer's movement sheet, and therefore I can not attend ADA-gym. I wrote request slips to medical to make them aware of my need to be added to the officer's movement sheet so that I won't continue being denied permission to attend ADA-gym. (See Attached Documents). Days later, on 10/31/17, I was seen by a nurse who was responding to my request to be added to the officer's movement sheet. The nurse instead provided me with an updated 'ADA gym ~~perm~~ permit', and gave a copy to the officer in the bubble to place into the officer's log book for permits, authorizing me to attend ADA-gym, and the nurse said as long as I have my permit I don't have to worry about my name not being on the list, and she stated that if anyone gives me a hard time, ~~to~~ tell them to call over to medical. - Shortly after that, I was placed on C-grade, and officer weisch the unit officer, told me I could not attend ADA-gym because I was on C-grade. I explained to the officer that I had a medical permit, and ADA-gym is a part of my medical therapy and rehabilitation, but he still said I could not go as long as I was on C-grade. on 1/9/18, my C-grade ended, and I was placed on B-grade, (and according to the officer's original statement about C-grade) I was (now) able to attend ADA-gym because I was no longer on C-grade. - on 1/19/18, I tried to attend ADA-gym and was again told I was not on the ADA-gym list. The officer on duty, "Zea" said I would not be allowed to go despite the fact that I had a medical permit from Dr. Ahmed granting me medical permission to attend ADA-gym for the purpose of rehabilitation. After showing my permit to both officer Zea, and Lieutenant Gilbert, and being denied permission to attend ADA-gym, I asked them both to please call over to medical, but neither seemed willing to call to confirm

that I was in fact Authorized and should be allowed to attend. - Since I have been in this wheel chair, I have gained weight and lost lots of muscle and feel like my body has been slowly ~~degrading~~ deteriorating. I have numbness in my legs, pain in my arms and knees, and because of my weight gain from being in this wheel chair. When I do try to stand I can feel the weight and pressure on my legs and knees. - ADA-gym is very important to my efforts to rehabilitate myself, and regain muscle and the strength that I have lost in my joints and limbs. I have been in this wheel chair since 4/10/17, and on 10/25/17, after months of asking for an ADA-gym permit, I was approved. And shortly after my approval I was placed on C-grade and denied permission to attend ADA gym as punishment. At the time I told the officer Welsh, that I should not be denied ADA-gym, even if I am on C-grade because this is a medical permit, and part of my physical rehabilitation, and the longer I am without opportunity to receive physical exercise or therapy, the more I am suffering the loss of muscles and strength in my joints. It was and still is my belief that I never should have been denied ADA-gym because of C-grade, and (now) that I'm no longer on C-grade and no longer restricted from attending ADA-gym, I should have not been denied the right to attend ADA-gym on 1/19/18, by officer 'Zee', or the Lieutenant Gilbert, because my permit is a medical permit provided by the doctor, for the purpose of medical rehab, and to deny me the right to attend, is to violate or interfere with a medical order by the doctor. It has been 3-months since I was issued a permit, and I have (NOT) been allowed to attend ADA gym but one time. I am also currently again without an ADA-pusher and have had to either skip class or ask someone to push me. Something is very wrong and disheartening about the way I've been treated since I've been injured and have needed medical care and assistance. I have no desire to be in a wheel chair, especially while in jail, struggling daily with back pain and pain in my butt because medical staff refuses to provide me an air cushion. And no matter how much I complain, it seems very little is being done to help or provide proper treatment.



## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Medical

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) ADA Gym List  
 for the purpose of (explain): my name is not on the ADA Gym List (or) on the  
officer list in 7-House. The Doctor gave me a 'one-year' ADA  
gym permit, but the wing officer keeps telling me to (see back)

Kent Stubbs 12/8/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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DOC 0286 (Rev. 4/2010)

OERRM178

AS OF DATE: 1/18/2018



ILLINOIS DEPARTMENT OF CORRECTIONS  
 OFFENDER 360  
 GRADE DEMOTION NOTIFICATION



PAGE: 39  
 RUN DATE: 1/18/2018  
 RUN TIME: 11:00:07 AM

INSTITUTION: LAWRENCE

IDOC# : M51378

NAME : KENT STUBBS

LIVING UNIT : LAW:LAW:R7:CL:01:U1

DUE TO AN ADJUSTMENT COMMITTEE HEARING, YOU HAVE BEEN  
 DEMOTED TO B GRADE AS OF 1/9/2018. YOU WILL RETURN TO  
 A GRADE ON 4/9/2018.

GRADE DEMOTIONS ARE COMPUTED CONSECUTIVELY TO PRIOR  
 DEMOTIONS, WHEN APPLICABLE, INCLUDING DEMOTIONS RECEIVED  
 AT OTHER FACILITIES.

FROM: RECORDS OFFICE

my name IS NOT on his call Pass Sheet.

I would like for Someone to Please make sure  
my name IS added TO The weekly ADA-gym

Schedule, — Thank you —

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Mrs. Weaver (Placement) need new  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) ADA - Attendant  
 for the purpose of (explain): my ADA-pusher transferred to Another Prison, and I currently (Do-Not) have a pusher. I can not push myself to chair because of my back pain.  
Kent Stubbs 1/9/18  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Affected Unit

Printed on Recycled Paper

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## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1  
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) Medical need  
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) air cushion  
 for the purpose of (explain): I have Developed Sores on my butt, and its becoming very uncomfortable for me to sit. I would like to receive a seat cushion / Air cushion to help (see) back  
Kent Stubbs 7/10/17  
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Print Staff Name \_\_\_\_\_ Print Supervisor Name \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please assign me a new ADA-Attendant,  
I am still in a wheelchair and need  
assistance \_\_\_\_\_ Thank you \_\_\_\_\_

with the discomfort and raw pain in my Butt.

Thank you  
\_\_\_\_\_



Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical - Doctor

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Leg spasms / numbness  
for the purpose of (explain): I have been experiencing spasms in my legs and numbness in my legs off and on, and pain in my Right knee, and I have a

Kent Stubbs  
Offender's Signature

1/8/18  
Date

(See Back)

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1  
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical (Mrs Cunningham)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Need Seat Cushion  
for the purpose of (explain): on Monday, Jan 15, 2018, I met with Dr. Shah, in which I discussed several medical issues, including my need for a seat cushion because my butt is sore and (see Back)

Kent Stubbs  
Offender's Signature

1/19/18  
Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): \_\_\_\_\_ Remarks by supervisor (if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

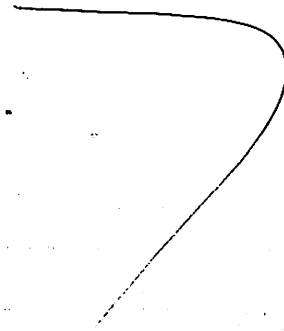
Distribution: Affected Unit

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"Raw" Soreness in my Butth, from sitting. I  
need a seat cushion.

Thank you —



feels "Raw" from sitting. As you can see I have been  
requesting a seat cushion for several months  
(see attached request slip). I have also wrote  
in multiple grievances as well, and I've not  
been provided a cushion. When I spoke with  
Dr. Shah on 1/15/18, I did not receive any  
response to indicate if he would or would  
not provide me with a cushion, so I  
would please like to receive a response  
to my Request. — Thank you —

Illinois Department of Corrections  
**MEDICAL PERMIT**  
 Lawrence Correctional Center

Offender Name: Stables Kent Offender Number: M 51378  
 Housing Unit: \_\_\_\_\_

<input checked="" type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input checked="" type="checkbox"/> Low Bunk - Per Physician Orders the above named inmate is to have <input checked="" type="checkbox"/> Low Gallery - a low bunk/low gallery due to his medical conditions. See start Date below.	
<input type="checkbox"/> Medical <input type="checkbox"/> Cane <input type="checkbox"/> Orthopedic <input type="checkbox"/> Crutches <input type="checkbox"/> Other: <input type="checkbox"/> Walker <input type="checkbox"/> Slow Walk <input type="checkbox"/> Hearing Aid(s) <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Other ADA: <u>ADA gym-ADA</u>	<input type="checkbox"/> ADA <input type="checkbox"/> State Boots <input type="checkbox"/> Special Shoes: <input type="checkbox"/> Contacts <input type="checkbox"/> Fan <input type="checkbox"/> C-PAP Machine <input type="checkbox"/> No Gym/Yard <input type="checkbox"/> Medical Lay-In <input type="checkbox"/> Other:

Start Date: 10-25-17 Expiration Date: 4-25-18

Authorized By:

MD: [Signature] [Signature] Date: 10-31-17

PA: [Signature] Date: \_\_\_\_\_

Distribution: Inmate

Medical Records

- ☐ Clothing  
☐ Personal Property  
☐ Placement

Printed on Recycled Paper

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Illinois Department of Corrections  
**MEDICAL PERMIT**  
 Lawrence Correctional Center

Offender Name: STURBS, KENT  
 Housing Unit: 7C 1.1

Offender Number: 1151378

<input type="checkbox"/> New Order	<input type="checkbox"/> Renewal
<input type="checkbox"/> Change	<input type="checkbox"/> Cancel

<input checked="" type="checkbox"/> Low Bunk - Per Physician Orders the above named inmate is to have <input checked="" type="checkbox"/> Low Gallery - a low bunk/low gallery due to his medical conditions. See start Date below.		
<input type="checkbox"/> Medical	<input type="checkbox"/> ADA	<input type="checkbox"/> State Boots
<input type="checkbox"/> Cane		<input type="checkbox"/> Special Shoes:
<input type="checkbox"/> Orthopedic		
<input type="checkbox"/> Crutches		<input type="checkbox"/> Contacts
<input type="checkbox"/> Other:		
<input type="checkbox"/> Walker		<input type="checkbox"/> Fan
<input type="checkbox"/> Slow Walk		<input type="checkbox"/> C-PAP Machine
<input type="checkbox"/> Hearing Aid(s)		<input type="checkbox"/> No Gym/Yard
<input type="checkbox"/> Wheel Chair		<input type="checkbox"/> Medical Lay-In
<input type="checkbox"/> Other ADA: <u>ADA Gym</u>		<input type="checkbox"/> Other:

Start Date: ADA POSITIVE

Expiration Date: 10/25/17

Authorized By: [Signature]

MD: [Signature]

Date: 10.25.17

PA: [Signature]

Date:

Distribution: Inmate

Medical Records:

- ☐ Clothing  
☐ Personal Property  
☐ Placement

Printed on Recycled Paper

LAW 0356 (Rev. 10/2009)